PTO/SB/06 (08-00)

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|--|---|----------------|--------------|-------------|------------|-------------------|------------------|------------------|---|------------------------------|----------|--------------------|---------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  |   |                |              |             |            |                   |                  |                  |   | Application or Docket Number |          |                    |               |  |  |
| 001  |   |                |              |             |            |                   |                  |                  |   |                              |          | 175                |               |  |  |
| CLAIMS AS FILED - PART I   |   |                |              |             |            |                   |                  | SN               | ALL E                                   | ENTITY                       | OR       | OTHER T            |               |  |  |
| (Column 1) (Column 2)  FOR NUMBER FILED NUMBER EXTRA   |   |                |              |             |            |                   |                  |                  | ATE                                     | T                            |          |                    |               |  |  |
| FOR  |   |                | NUMBER FILED |             |            | NOMBEREXIKA       |                  | '                | RATE                                    | FEE                          |          | RATE               | FEE           |  |  |
| BAS  | SIC FEE   |                |              |             |            |                   |                  |                  |   |                              | 0.0      |                    | 5740m         |  |  |
| (37  | CFR 1.16(a))<br>AL CLAIMS   |                | A //2 11 A   |             |            |                   |                  |                  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | \$                           | OR       |                    | 3 7.70        |  |  |
| (J7 CFR 1.16(c)) INDEPENDENT CLAIMS  |   |                | д пниз 20 =  |             |            | 0 .               |                  |                  | =                                       |                              | OR       | x \$ =             |               |  |  |
| (37 CFR 1.16(b))   |   |                | migrous 3 =  |             | 1 0        |                   | ×                |                  |   | OR                           | X =      |                    |               |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.14(d))  |   |                |              |             |            |                   |                  |                  | ======================================= |                              | OR       | + =                | Z)(() - (2))  |  |  |
| • If the difference in column 1 is less then zero, enter "G" in column 2   |   |                |              |             |            |                   |                  | T                | OTAL                                    |                              | OR       | TOTAL              | 140 00        |  |  |
| CLAIMS AS AMENDED - PART II  |   |                |              |             |            |                   |                  | e)               | 4811 5                                  | ENTITY                       | OR       | OTHER T            |               |  |  |
|  | (Column 1) (Column 2) (Column 3)  |                |              |             |            |                   | (Column 3)       | ران<br>ا         | WELL C                                  | N1111 F                      | oic<br>I | SMALL E            | NTITY         |  |  |
| AMENDMENT A  |   |                | CLAIMS       |             |            | GHEST             |                  |                  |   | ADDI-<br>TIONAL<br>FEE       |          |                    | ADDI-         |  |  |
|  |   | REMAIN<br>AFTE |              | NO TO       |            | JMBER<br>VIOUSLY  | PRESENT<br>EXTRA | RATE             | ATE                                     |                              |          | RATE               | TIONAL<br>FEE |  |  |
|  |   | AMEND          | 177          |             | 3          | ID FOR            |                  | 1                |   |                              |          |                    |               |  |  |
|  | Total<br>(37 CFR 1.16(c))   | •              |              | Minus       | **         |                   | = 0              | x \$             |   | 0                            | OR       | x \$=              |               |  |  |
|  | Independent   | •              |              | Minus       |            |                   | =                | Ţ                | =                                       | . 0                          | OR       | x =                | ÷             |  |  |
|  | (37 CFR 1.16(b))  |                |              |             |            |                   | 0                | ^-               |   | 0                            | OR       |                    |               |  |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                       |                |              |             |            |                   |                  |                  |   |                              | OR       | +=                 |               |  |  |
| (Column 1) (Column 2) (Column 3)   |   |                |              |             |            |                   |                  | TADDIT           | OTAL                                    |                              | OR A     | TOTAL DDIT. FEE    |               |  |  |
| AMENDMENT B  |   | CLAIN          |              |             | 23.9 N     | GHEST             |                  |                  |   | ADDI-                        |          |                    | ADDI-         |  |  |
|  |   | REMAIN         | IING         |             | NI NI      | JMBER             | PRESENT          | R                | ATE                                     | TIONAL                       |          | RATE               | TIONAL        |  |  |
|  |   | AFTE<br>AMENDA |              |             |            | VIOUSLY<br>ID FOR | EXTRA            |                  |   | FEE                          |          |                    | FEE           |  |  |
|  | Total   | *              |              | Minus       | **         |                   | =                | x s              | =                                       | ,                            | or       | x \$ =             |               |  |  |
|  | (37 CFR 1.16(c))  | *              |              |             | ***        |                   |                  | 1 -              |   |                              | OR       |                    |               |  |  |
|  | Independent<br>(37 CFR 1.16(b))   | <u> </u>       |              | Minus       |            |                   | =                | <u>  ×</u> _     | =                                       |                              | OR       | x=                 |               |  |  |
| 1  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |                |              |             |            |                   | (37 CER 1.16(d)) | -                | =                                       | ,                            | OR       | +=                 |               |  |  |
|  |   |                |              |             |            |                   |                  |                  | TOTAL<br>T. FEE                         |                              | OR       | TOTAL<br>DDIT. FEE |               |  |  |
| (Column 1) (Column 2)  |   |                |              |             |            | (Column 3)        | וטעא             | i. Per           | 1                                       |                              | · ·      |                    |               |  |  |
| AMENDMENT C  |   |                | AIMS         |             |            | GHEST             | PRESENT<br>EXTRA | 11.              |   | ADDI-                        |          |                    | ADDI-         |  |  |
|  |   | REMAIN<br>AFTE |              |             | * **       | JMBER<br>VIOUSLY  |                  | l l <sup>r</sup> | ATE                                     | TIONAL                       |          | RATE               | TIONAL<br>FEE |  |  |
|  | . 3   | AMEND          | MENT         | Caraca Cara | PA         | ID FOR            |                  | <b> </b>         |   |                              | OB       |                    |               |  |  |
|  | Total<br>(37 CFR 1.16(c))   | *              |              | Minus       | **         |                   | =                | x \$             | =                                       |                              | OR       | x \$=              |               |  |  |
|  | Independent<br>(37 CFR 1.16(b))   | *              |              | Minus       | ***        |                   | =                | × _              | =                                       |                              | OR<br>OR | x=                 |               |  |  |
| F  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))                       |                |              |             |            |                   | (37 CFR 1.16(d)) | +_               | =                                       |                              | OR       | +=                 |               |  |  |
| لسيد   | • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                |              |             |            |                   |                  |                  |   |                              | OR       | TOTAL              |               |  |  |
| ** 16  | the entry in column<br>the "Highest Num<br>the "Highest Num                           | nber Previou   | isly Paid    | For" IN 1   | THIS SPACE | is less than      | 20, enter "20".  | ADD              | it, fee                                 |                              | • A      | DDIT. FEE          |               |  |  |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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